

Uniform Complaint Procedure Complaint Reporting Form

I. Contact Information:

Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Work or Cell Phone: _____

II. Complainant

You are filing this complaint on behalf of: _____

- yourself your child or a (student) another student a group

III. School Information

School Name: _____

Principal's Name: _____

Address: _____ City: _____

IV. Basis of Complaint:

In accordance with the District's Uniform Complaint Procedures (5 CCR 4620) each school district shall follow uniform complaint procedures when addressing the following complaints:

- Any complaint alleging district violation of applicable state or federal law or regulations governing:
- Adult Education
 - After School Education and Safety
 - Agricultural Vocational Education
 - Bilingual Education
 - California Peer Assistance and Review Programs for Teachers
 - Career Technical and Technical Education and Career Technical and Technical Training
 - Career Technical Education
 - Child Nutrition
 - Compensatory Education
 - Consolidated Categorical Aid
 - Course Periods without Educational Content
 - Economic Impact Aid
 - Education of Pupils in Foster Care and Pupils who are Homeless
 - Every Student Succeeds Act / No Child Left Behind
 - Local Control Accountability Plans (including Charter Schools as described in *EC* §§ 47606.5 and 47607.3);
 - Migrant Education
 - Physical Education Instructional Minutes
 - Pupil Fees
 - Reasonable Accommodations to a Lactating Pupil
 - Regional Occupational Centers and Programs
 - School Safety Plans
 - Special Education
 - Tobacco-Use Prevention Education
- Any complaint alleging the occurrence of unlawful discrimination, harassment, intimidation or bullying against any protected group as identified in Education Code section 200 and 220 and Government Code section 11135, including any actual or perceived characteristics as set forth in Penal Code section 422.55 or on the basis of a person's association with a person or group with one or more of these actual or perceived characteristics in any program or activity conducted by the LEA, which is funded directly by, or that receives or benefits from any state financial assistance.

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Association with any of these categories:

- | | |
|---|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Physical or Mental Disability |
| <input type="checkbox"/> Ethnicity | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Color | <input type="checkbox"/> Sexual orientation |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Gender |
| <input type="checkbox"/> Nationality | <input type="checkbox"/> Gender Identity or Gender Expression |
| <input type="checkbox"/> National origin | <input type="checkbox"/> Genetic Information |
| <input type="checkbox"/> Age | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Marital or Parental Status | |

- Any complaint alleging district violation of the prohibition against requiring students to pay fees, deposits, or other charges for participation in educational activities. (5 CCR 4610)
- Any complaint alleging that the district has not complied with legal requirements related to the implementation of the Local Control Funding Formula (LCFF) and Local Control Accountability Plans (LCAP).
- Any complaint alleging retaliation against a complainant or other participant in the complaint process or anyone who has acted to uncover or report a violation subject to this policy

V. Details of Complaint

Please answer the following questions to the best of your ability. Attach additional sheets of paper if you need more space.

- Please **describe** the type of incident(s) you experienced that led to this complaint, including the events or actions, in as much detail as possible:
- List the **individuals** involved in the incident(s) complaint of:
- List any **witnesses** to the incident(s):
- Describe the **location where** the incident(s) occurred:
- Please list **all the date(s) and times** when the incident(s) occurred or when the alleged acts first came to your attention:

What steps, if any, have you taken to resolve this issue before filing a complaint?

Signature of person filing complaint

Date

Received by: _____

Date Filed: _____

Title: _____

Please provide a duplicate copy to the complainant.

California Department of Education Rev. 07/03/2012,
Calipatria Unified School District Rev.07/11/2016